K042010

TEH LIN PROSTHETIC & ORTHOPAEDIC INC.

No. 7, Wu Chuan 7th Road, WuKu Industrial Park,

SEP - 1 2004

Taipei County, Taiwan R.O.C.

Telephone: 886-2-22991901

Fax: 886-2-22991030

E-mail: tlco@ms2.hinet.net http://www.tehlin.com.tw

"__510(k) SUMMARY "

Submitter's Name: TEH LIN Prosthetic & Orthopaedic Inc.

No. 7, Wu Chuan 7th Road, WuKu Industrial Park, Taipei County, Taiwan

R.O.C.

Date summary prepared:

July 20, 2004

Device Name:

Proprietary Name:

TEH LIN Power Scooter, TL-688

Common or Usual Name:

Powered Scooter

Classification Name:

Powered Scooter, Class II,

21 CFR 890.3860

Indications for Use:

The device is intended for medical purposes to provide mobility to persons restricted to a seated position.

Description of the device:

The TEH LIN Powered Scooter, TL-688 is an indoor / outdoor Powered Scooter that is battery operated. It has a base with four-wheeled with a seat. The movement of the Scooter is controlled by the rider who uses hand controls located at the top of the steering column. The device can be disassembled for transport and is provided with an onboard battery charger.

Performance Testing:

EMC Report ANSI / RESNA WC/Vol.2-1998, CISPR 11: 1990, EN61000-3-2: 1995, IEC61000-3-3: 1995 (Electrically Powered Scooters, controller, and their chargers – requirements and test methods)

Legally marketed device for substantial equivalence comparison:

TEH LIN POWER SCOOTER TL-588(K022698)

TEH LIN PROSTHETIC & ORTHOPAEDIC INC.

No. 7, Wu Chuan 7th Road, WuKu Industrial Park, Taipei County, Taiwan R.O.C.

Telephone: 886-2-22991901 Fax: 886-2-22991030 E-mail: tlco@ms2.hinet.net http://www.tehlin.com.tw

Summary for substantial equivalence comparison:

The intended use between the two devices is the same. The batteries used are the same brand and same type that is certified by UL. The control systems for the two devices are same brand i.e., Penny & Giles for the two devices. The recharge for the two devices are used the same resource, HP8204A, and the recharger is certified by UL. Besides, the foldable frame, removable arm type, same tires, same seat size, same climbing angle, same warranty on component and frame, weight limit, maximum range per charge, and back upholstery are the same material that also be passed the resistance ignition test by SGS.

Thus the same safety level for the two devices is assured. The major differences existing of the two Power Scooters are the different overall dimension weight capabilities and maximum speed between the two devices. The overall appearance and weight differences are not safety aspect. So the new device is substantially equivalent to the predicate devices in this aspect.



Food and Drug Administration 9200 Corporate Boulevard Rockville MD 20850

SEP - 1 2004

Teh Lin Prosthetic & Orthopaedic, Inc. C/o Dr. Ke-Min Jen ROC Chinese-European Industrial Research Society No. 58, Fu-Chiun St. Hsin-Chu City, China (Taiwan) 300

Re: K042010

Trade/Device Name: Teh Lin Power Scooter, TL-688

Regulation Number: 21 CFR 890.3800

Regulation Name: Motorized three-wheeled vehicle

Regulatory Class: II Product Code: INI Dated: July 20, 2004 Received: July 26, 2004

Dear Dr. Jen:

We have reviewed your Section 510(k) premarket notification of intent to market the device referenced above and have determined the device is substantially equivalent (for the indications for use stated in the enclosure) to legally marketed predicate devices marketed in interstate commerce prior to May 28, 1976, the enactment date of the Medical Device Amendments, or to devices that have been reclassified in accordance with the provisions of the Federal Food, Drug, and Cosmetic Act (Act) that do not require approval of a premarket approval application (PMA). You may, therefore, market the device, subject to the general controls provisions of the Act. The general controls provisions of the Act include requirements for annual registration, listing of devices, good manufacturing practice, labeling, and prohibitions against misbranding and adulteration.

If your device is classified (see above) into either class II (Special Controls) or class III (PMA), it may be subject to such additional controls. Existing major regulations affecting your device can be found in the Code of Federal Regulations, Title 21, Parts 800 to 898. In addition, FDA may publish further announcements concerning your device in the <u>Federal Register</u>.

Please be advised that FDA's issuance of a substantial equivalence determination does not mean that FDA has made a determination that your device complies with other requirements of the Act or any Federal statutes and regulations administered by other Federal agencies. You must comply with all the Act's requirements, including, but not limited to: registration and listing (21 CFR Part 807); labeling (21 CFR Part 801); good manufacturing practice requirements as set forth in the quality systems (QS) regulation (21 CFR Part 820); and if applicable, the electronic product radiation control provisions (Sections 531-542 of the Act); 21 CFR 1000-1050.

This letter will allow you to begin marketing your device as described in your Section 510(k) premarket notification. The FDA finding of substantial equivalence of your device to a legally marketed predicate device results in a classification for your device and thus, permits your device to proceed to the market.

If you desire specific advice for your device on our labeling regulation (21 CFR Part 801), please contact the Office of Compliance at (301) 594-4659. Also, please note the regulation entitled, "Misbranding by reference to premarket notification" (21 CFR Part 807.97). You may obtain other general information on your responsibilities under the Act from the Division of Small Manufacturers, International and Consumer Assistance at its toll-free number (800) 638-2041 or (301) 443-6597 or at its Internet address http://www.fda.gov/cdrh/dsma/dsmamain.html

Sincerely yours.

Celia M. Witten, Ph.D., M.D.

Director

Division of General, Restorative and Neurological Devices Office of Device Evaluation Center for Devices and

Radiological Health

Enclosure

		Page_1	_01 _1
510 (K) NUMBER (IF K	NOW):_ TBA		
DEVICE NAME: <u>TEH</u>		· · · · · · · · · · · · · · · · · · ·	
INDICATIONS FOR USE:			
The device is intended for me a sitting position.	edical purposes to p	provide mobility to persons re	stricted to
			·
Prescription Use	AND/OR	Over-The-Counter Use	V
(Part 21 CFR 801 Subpart D)		(21 CFR 807 Subpart C)	
(PLEASE DO NOT WRITE B IF NEEDED)	ELOW THIS LINE	-CONTINUE ON ANOTHER	PAGE
(Division Sign		Device Evaluation (ODE)	
Division of Ge and Neurolog	eneral, Restora	t ive,	
510(1) Numb	K042	2010	